City of Seattle, Human Services Department
Aging and Disability Services

Case Managed Care Information System

Business Overview

October 9th, 2000
Draft

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1. Business Process Description

The Case Management Program coordinates the provision of essential services to assist elders and adults with disabilities to live as independently as possible. This coordination includes assessing clients, developing service plans, authorizing service, contracting with vendors, referral to appropriate service agencies, crisis intervention, provision of information and other resources.

2. Business Process Context

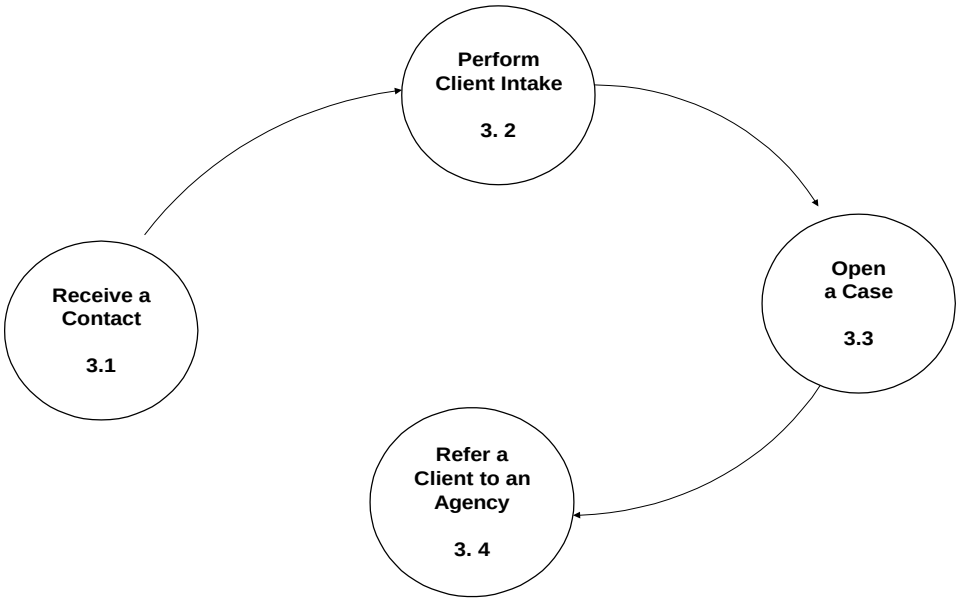
As the Area Agency on Aging for King County, Aging and Disability Services (ADS) administers federal, state, and local funds for services for older adults and adults with disabilities. In addition, ADS also provides direct case management services to approximately 5,100 clients. The 2000 budget totals approximately $32.5 million. Most of this funding ($25 million) is “non-discretionary” and earmarked for specific services, such as Medicaid Title XIX case management, home care, and respite. These services are coordinated for clients by approximately 55 internal case managers and 40 sub-contracted case managers. This application will help track the services and funding for the following programs: Medicaid Title XIX (MPCS, COPES), Chore, Discretionary Case Management, Seattle Housing Authority, Section 8, Intensive Case Management, PEARLS, Nursing Services, African American Elders Program, Diabetes Registry, Client Specific, and Mental Health.

Strategies to increase or decrease funding are recommended by the Advisory Council’s Planning and Allocation (P&A) Committee. The committee consists of members from City of Seattle, King County, and United Way. The P&A Committee base their recommendations on revenue projections, client profile reports, scenario planning, service area reviews, and public comment. It is critical that ADS have a system in place that will link outcomes to expenditures, client profiles, and history of service providers. Finally, ADS needs an integrated case management information system to effectively compete for limited federal, state, and local resources.

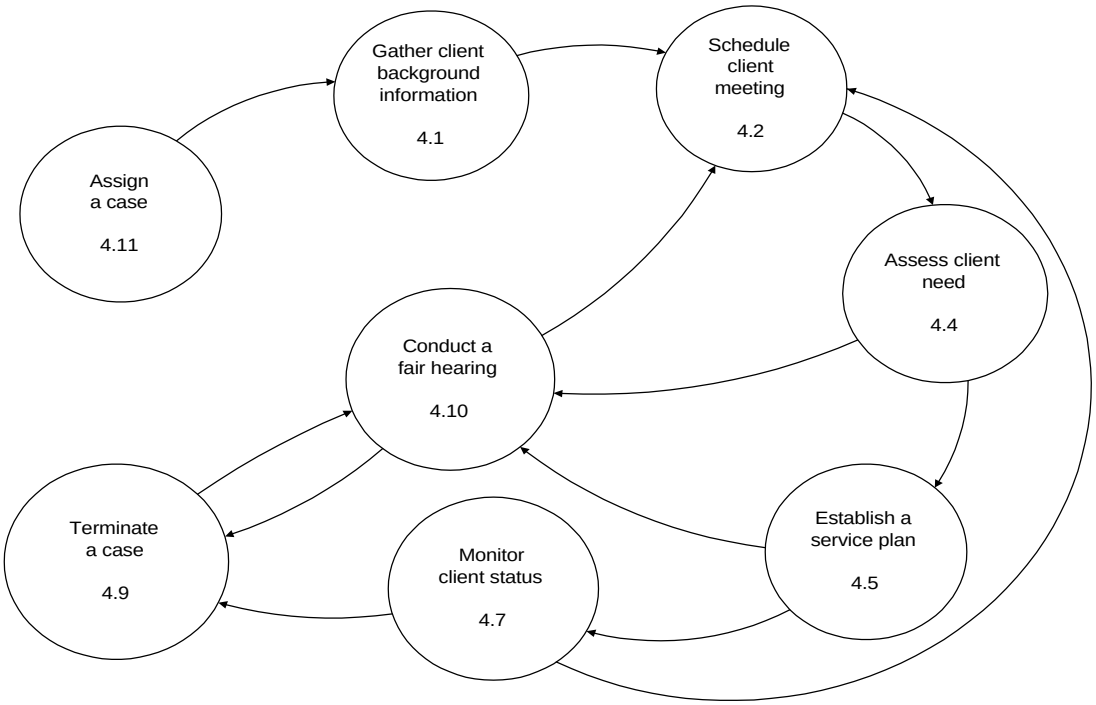
3. Business Process Detail

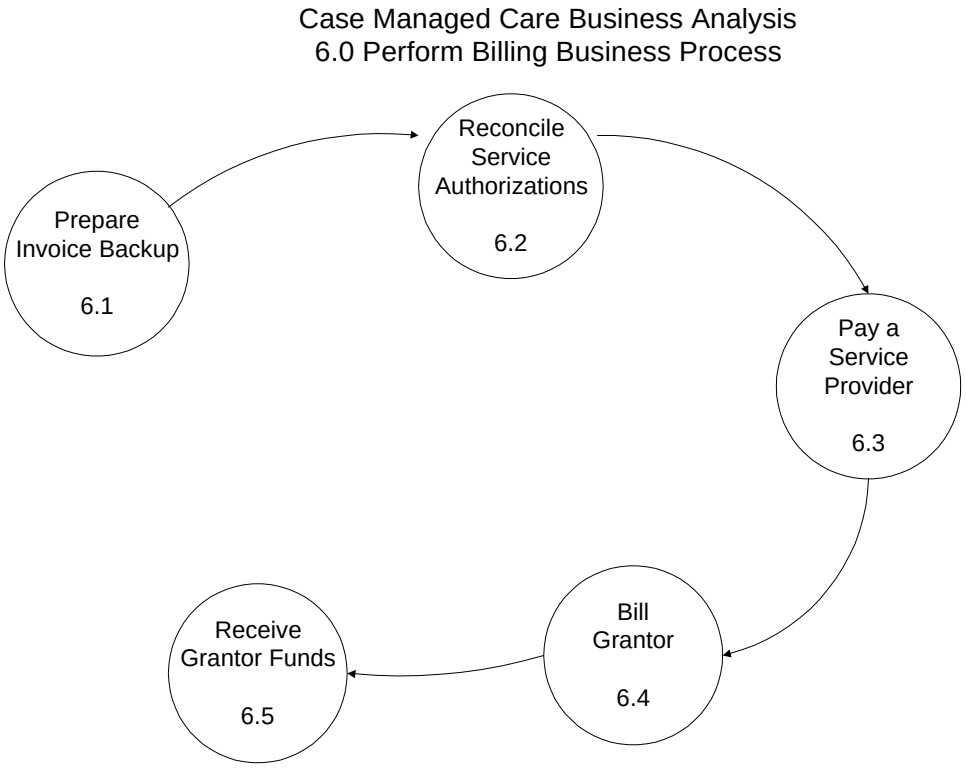
A previous analysis effort in February 1999 created a business process model of case managed care. The following process diagrams and definitions were produced in the earlier analysis, but are relevant to this project.

Case Managed Case Business Analysis
3.0 Refer a Client for CM Services Business Processes



Case Managed Case Business Analysis
4.0 Manage a Case Business Processes





Process Definitions

Key	Process Name	Definition
0.0	CMC	Case Managed Care. A process that coordinates services and manages resources, within a budget, through case management for a client so the client can retain their independence in the community.
3.0	Refer a client	A process that sends a client or potential client to an organization that can provide appropriate information, resources or assistance. Includes three types of referrals: to CMC from an outside source, to an outside agency from CMC and an internal referral from one CMC office to another CMC office.

Key	Process Name	Definition
4.0	Manage a case	A process that coordinates services and manages resources for a client, so the client can retain independence in the community.
4.2	Schedule a client meeting	A process that sets up a contact with a client, within time guidelines specified by service purchasers, and taking into account the availability of the client and an interpreter, if needed, to meet.
4.4	Assess a client's needs	A process that performs a systematic and standardized evaluation of a client's functional and cognitive capacity and limitations, and other needs, strengths, abilities and resources.
4.5	Establish a service plan	A process that negotiates with a client, potential service providers, family members and other individuals to establish specific solutions to a client's problems and needs, according to limits established by service purchasers. A written document is created that outlines problems and needs, services needed to address the problems and needs—including who will serve when and how —and specific outcomes planned. The documentation includes as many specifics as possible.
4.7	Monitor a client's status	A process that insures that case management is being provided at the appropriate level and intensity for a client, that services are implemented in accordance with the service plan and are of adequate quality, and that problems are resolved promptly with changes made to the service plan as needed.
4.9	Terminate a case	A process that changes the status of a client's case from active to inactive.
4.10	Conduct a fair hearing	A process that conducts an impartial hearing of a client's request to review a change in the status of a case.
4.11	Assign a case	A process that assigns the responsibility for a case to a case manager.
6.0	Perform service provider billing	A process that accepts billing from providers for goods and services provided, pays providers and then bills grantors for reimbursement.

Key	Process Name	Definition
6.1	Prepare invoice backup	A process that prepares a form for a service provider to use to document services they have performed. 1. Record authorized service amounts. 2. Create an invoice backup form. 3. Send the form to a service provider.
6.2	Reconcile service authorizations	A process that compares the service amounts claimed by a service provider with previously authorized service amounts. 1. Receive a completed invoice backup form from a service provider. 2. Record service amounts. 3. For a client, compare the amounts of service authorized to levels claimed by a service provider. 4. Reconcile totals. 5. Send results to the service provider. 6. Send results to the contract monitor.
6.3	Pay a service provider	A process that determines and authorizes an actual amount to pay to a service provider.
6.4	Bill grantor	A process that requests reimbursement from a fund source for services provided by CMC. 1. Get actual costs and numbers of clients from various data stores. 2. Reconcile discrepancies. 3. Adjust expenditures. 4. Create billing and billing backup form. 5. Send billing and billing backup form to service purchasers by way of City General Ledger.. 6. Accrue information about both internally and externally done billing. 7. Record billing information in manual files.
6.5	Receive grantor funds	A process that receives reimbursement monies from a fund source. 1. Receive a payment, usually a check or warrant. 2. Record payment information in log. 3. Send check and log to GL unit for deposit. 4. Review warrant register and compile totals by service area. 5. Record reimbursement information in manual files. 6. Reconcile invoice amount to warrant totals.

4. Enhancement Detail

Case management and associated programs are currently tracked in the ADS case management database, the Comprehensive Assessment, the Respite system, Homecare Billing, SSPS, Individual Provider database. A case managed care system should include the following enhancements to these existing systems:

- Ability to track history and movement of a client through programs
- Ability to track multiple levels and programs
- Integrate other existing internal and external systems
- Accessible by whomever needs it
- Single data entry
- Ability to handle adjustments efficiently
- Ability to produce an assessment schedule
- Ability to track trends such as how long a client is in the community versus nursing home.
- Flexibility in adding new programs and program requirements (ability to respond to change)
- Effective dating of program eligibility and services

Reports:

- Monthly client list by case manager
- Demographic report on all clients by program
- Master list of clients in a particular program
- Clients served by agency and/or IP
- Program activity (in detail and summary) by date range

5. Program Data Detail

Common to all programs

Data	Data Description
Index	
Client name	
Client CA ID	
Client address	
Client city	
Client zip	Translate into geographic region as well
Client phone	
Client marital status	
Client housing status	Live alone? Spouse, others
Client ethnicity	Standardized list from department or CA?
Client language	Standardized list
Interpreter needed	Yes or no
Client income	Total from all sources: SSI, VA, SS, wages, other sources. Federal poverty level ’00 $696 per month.
Client SSN	

Client DOB	
Client refugee status	Immigrant or Refugee
Disabled	Yes or no
Emergency contact	Primary contact for client
Emergency contact phone	
Emergency contact relationship	
Medicaid	Yes or no
Medicare	Part A, B or Both
Original intake date	Date client is entered into system – does not change.
Referral source	HCS, Kent, ECN, ACRS, CISC, Sr. Services, SHA, Other AAA, self, neighbor, family member.
Referral reason	Drop down box
Referral date	Date client was referred to ADS
Termination date	Date client is no longer in ADS Network
Termination reason	Moved, died, refused all services.
Assigned date	
Case manager	Primary worker assigned to the client
Office	Kent, Seattle, ECN, ACRS, CISC
Case manager schedule	Telecommute, special schedule (4-10,4-9), SHA building hours
Supervisor	Link with office and case manager
Consent date	Date client signed the consent form
Note	
COPES	**Constance Probst & Sheila Chidsey**
Business Description:	COPES stands for Community Options Program Entry System and is a Medicaid waiver program that pays for personal care and housekeeping services for people in their own homes. The Washington State Department of Social and Health Services (DSHS) administer the COPES program. State social workers assess all new clients and then transfer them to the Area Agency on Aging (AAA) for long term care monitoring. To get COPES a client must meet financial and functional eligibility requirements. DSHS must determine (1) that a client would need nursing home care without COPES, and (2) that the needs can be adequately met by services available through COPES. COPES Personal care services may include help with dressing, bathing, toileting, and health-related body care.Housekeeping services may include such things as meal preparation, shopping and cleaning. (A person who only needs housekeeping services will not be eligible for COPES.)

	COPES will ordinarily pay up to $1,321 a month for these services. The amount depends on how many hours of service DSHS determines a client needs based on the formula in the Comprehensive Assessment. In addition, a client may have a co-pay based on their income and certain allowable expenses. The maximum amount is $2488.33. COPES also pays for care in adult family homes, adult residential care facilities, and assisted living facilities. It is designed to help people who, without COPES, would need to be in nursing homes.
Outcome:	To assist persons to remain as independent as possible in their own home.
Client	
Start date	Date client is eligible for COPES.
End date	Termination date from COPES
Income	Includes Social Security, VA benefits, and wages. To be eligible: gross monthly income must be less than $1,536 if client is single. If married, the sum of client's income and the spouse's income combined is less than $3,072.
Assets	Needs to be less than $2000 or $3000 if married
DSHS Level ?	Level of care
Ambulation	Personal care task – recorded in CA
Bathing	Personal care task – recorded in CA
Body care	Personal care task – recorded in CA
Dressing	Personal care task – recorded in CA
Eating	Personal care task – recorded in CA
Personal hygiene	Personal care task – recorded in CA
Positioning	Personal care task – recorded in CA
Self-medication	Personal care task – recorded in CA
Toileting	Personal care task – recorded in CA
Transfer	Personal care task – recorded in CA
Cognitive supervision	Does client need supervision? – recorded in CA
Case manager	Primary worker assigned to client.
Assessment date	30 day phone contact; 90 day 1st visit; annual reassessment.
Nurse	Nurse consultant assigned to client
Provider	Agency or Individual Provider
ETP end date	Date the ETP will expire.
ETP amount	Dollar figure of how much ETP is authorized. Max $3148.05
Policy Exception Request Date	
Policy Exception Request Amount	
Participation	Yes or no
Authorized hours	Number of authorized hours per month
Service plan mail date	Date the service plan was mailed to client and provider.

Service plan receive date	Date the service plan was returned from the client.
Consent date	Date client signed the consent form.
MPCS	**Constance Probst & Sheila Chidsey**
Business Description:	Medicaid Personal Care Services (MPCS) is a Medicaid program that pays for personal care and housekeeping services for people in their own homes. The Washington State Department of Social and Health Services (DSHS) administer the MPCS program. State social workers assess all new clients and then transfer them to the Area Agency on Aging (AAA) for long term care monitoring. To get MPCS a client must meet financial and functional eligibility requirements. Functional eligibility requires assistance with at least *one* of the following direct personal care tasks: ambulation, bathing, body care, personal hygiene, dressing, eating, positioning, toileting, self-medication, and transfer.
Outcome:	To assist persons to remain as independent as possible in their own home.
Client	
Start date	Date client is eligible for CORE services
End date	Termination date from CORE services
Income	Includes SSI
Assets	Needs to be less than $2000 or $3000 if married
DSHS Level	Level of care
Ambulation	Personal care task – recorded in CA
Bathing	Personal care task – recorded in CA
Body care	Personal care task – recorded in CA
Dressing	Personal care task – recorded in CA
Eating	Personal care task – recorded in CA
Personal hygiene	Personal care task – recorded in CA
Positioning	Personal care task – recorded in CA
Self-medication	Personal care task – recorded in CA
Toileting	Personal care task – recorded in CA
Transfer	Personal care task – recorded in CA
Case manager	Primary worker assigned to client.
Assessment date	30 day phone contact; 90 day 1st visit; annual reassessment.
Nurse	Nurse consultant assigned to client
Provider	Agency or Individual Provider
ETP end date	Date the ETP will expire.
ETP amount	Dollar figure of how much ETP is authorized. Max $3148.05
Policy Exception Request Date	
Policy Exception	

Request Amount	
Authorized hours	Number of authorized hours per month
Service plan mail date	Date the service plan was mailed to client and provider.
Service plan receive date	Date the service plan was returned from the client.
Consent date	Date client signed the consent form.
Chore	**Constance Probst & Sheila Chidsey**
Business Description:	Chore services is a state funded program that pays for personal care and housekeeping services for people in their own homes. The Washington State Department of Social and Health Services (DSHS) administer the Chore program. State social workers assess all new clients and then transfer them to the Area Agency on Aging (AAA) for long term care monitoring. To get Chore a client must meet financial and functional eligibility requirements. Functional eligibility requires assistance with at least *one* of the following direct personal care tasks: ambulation, bathing, body care, personal hygiene, dressing, eating, positioning, toileting, self-medication, and transfer.
Outcome:	To assist persons to remain as independent as possible in their own home.
Client	
Start date	Date client is eligible for CORE services
End date	Termination date from CORE services
Income	Includes Social Security, wages, VA benefits; not in excess of the federal poverty level FPL ($658 per month for 1 person) or has a net household income in excess of the FPL which is less than the cost of his or her care; and, participates their income which exceeds the FPL ($658) toward the cost of their care.
Assets	Needs to be less than $10,000 or $15,000 if married
DSHS Level	Level of care
Ambulation	Personal care task – recorded in CA
Bathing	Personal care task – recorded in CA
Body care	Personal care task – recorded in CA
Dressing	Personal care task – recorded in CA
Eating	Personal care task – recorded in CA
Personal hygiene	Personal care task – recorded in CA
Positioning	Personal care task – recorded in CA
Self-medication	Personal care task – recorded in CA
Toileting	Personal care task – recorded in CA
Transfer	Personal care task – recorded in CA

Case manager	Primary worker assigned to client.
Assessment date	30 day phone contact; 90 day 1st visit; 18 month reassessment.
Authorized hours	Number of authorized hours per month
Service plan mail date	Date the service plan was mailed to client and provider.
Service plan receive date	Date the service plan was returned from the client.
Consent date	Date client signed the consent form.
Provider	Agency or Individual Provider
Discretionary CM	**Ford Allison**
Business Description	Discretionary case management provides in-depth assistance to frail, multiple needs persons who have significant health and social needs. The case managers conduct in-home assessments and consult with the clients to develop and implement an appropriate service plan. Screening and referral for case management services are provided through the Information & Assistance programs.
Outcome:	To assist persons to remain as independent as possible in their own home.
Client	
Start Date	Date client is opened for Discretionary case management
End Date	Date client is closed for Discretionary case management
Case manager	Primary worker assigned to client.
Level	
Assessment date	30 day phone contact; 90 day 1st visit; 18 month reassessment.
Service plan mail date	Date the service plan was mailed to client and provider.
Service plan receive date	Date the service plan was returned from the client.
Consent date	Date client signed the consent form.
Note	Narrative text
SHA	**Sean Walsh & Tom Trolio**
Business Description:	ADS Case Management, Chinese Information Service Center, and Asian Counseling & Referral Service work as partners to coordinate service delivery and target their efforts to serve the highest need residents in fifty-three SHA buildings throughout the City of Seattle. The partnership combines funding from SHA, CDBG, and Title XIX case management to provide building activities, case management, and SHA staff consultation and training. The buildings receive either full or limited service. Twelve buildings are categorized as limited service; which amounts to there being no regularly scheduled building hours due to the low number of units in each of these buildings. These

	residents call the case manager directly or contact their Resident Manager who makes a referral to the program. The full service buildings have regularly scheduled building hours where residents can drop-in for services.
Outcome:	Help enable all SHA residents, regardless of age, to live as independently and safely as possible in a safe and healthy environment, avoiding unnecessary hospitalization or relocation to other residences or long term care facilities.
Client	
Physician/Clinic	
Physician/Clinic phone	
Start date	Date client is opened in SHA program
End date	Date client is closed in SHA program usually because they move out of the building or die.
Referral date	Date of referral into SHA
Reason for referral	
SHA Level	Level 1 – Assistance, Level 2 – Case Management, Level 3 – Intensive Case Management.
Status	Inactive, active – better than open/close dates because most clients may move in between levels, but will remain an SHA client.
Case manager	Primary worker assigned to client.
Service type	For assistance cases eviction is the only client specific service type
Service outcome	Eviction: yes, no, pending
Building Name	
Building ID	SHA assigned building number
Building type	SSHP or Hi-rise
Building address	
Building hours	
Building contact	Building manager
Building contact phone	
Note	Narrative text
Section 8	**Gigi Meinig**
Business Description:	Clients receive section 8 vouchers for housing through collaboration with the YWCA and King County Housing Authority. Clients referred to the program will fill out an application form and YWCA will determine eligibility. To be eligible for the program, a client or their spouse must be disabled and must meet one of the following Federal preferences: Involuntarily displaced, living in substandard housing, and has a rent burden.
Outcome:	Improve housing stability for older people and people with functional limitations by securing Section 8 vouchers.

Client	
DOB	
HOPE	Yes or no – type of section 8 that is different from King County Housing authority. Coded in current rbase app as Sec-8 level.
Application date	Date client filled out the section 8 application
Start date	Date the application was sent to YMCA by ADS contractor
Voucher date	Date client received the voucher
Lease date	Date client received housing
Bedroom request	The number of bedrooms the client requested
Withdraw date	Date client withdrew their application
Case manager	Primary worker assigned to client.
Case manager phone	
Case manager office	Seattle, Kent, ECN, HCS
Note	Narrative text
Voucher flag	Receive voucher yes or no
ICM	**Gigi Meinig**
Business Description:	ICM program provides structured, comprehensive oversight to individuals who are experiencing instability within their environment that may put them at risk of a more restrictive living situation. ICM provides an appropriate intervention at an increased concentration for the duration needed.
Outcome:	Unstable situation stabilizes.
Client	
Start date	Date client is opened in the ICM program
End date	Date client is closed from the ICM program
Income level	SSI or less; 40% SMI; 80% SMI; Not low income
Housing type	Own home; rental/non-subsidized; homeless; transitional or temporary; other.
Initial contact date	First date of contact by ICM case manager.
Initial contact activity	Telephone, Field visit, etc.
Contact date	In-home visit or case staffing must occur within 30 days of intake; MPC and COPES participants will receive at least 2 home visits per year (a 30-day assessment plus an in-home reassessment); 2 additional telephone contacts per year.
Case manager	Primary worker assigned to client.
Risk factors	(MH) Mental health/Behavioral, (SA) Substance Abuse, (CG) Cognitive impairment
Problem focus	• Chronic CM client: repeat referrals; high risk of eviction, incarceration, hospitalization, ITA. • Financial management • Self neglect and/or risk of harm to self • Collect, hoard, residential deterioration • Inadequate support system (informal)

	• Non-compliance, behavioral problems that cause high homecare provider turnover. • Resistance to medically necessary care.
Outcome code	• Housing stabilized in the least restrictive setting. Eviction prevented/client placed in housing. Ensure a safe home environment (e.g. repairs, ramps, dig-out). • Appropriate use of medical services. Decrease number of PMD visits that are not medically necessary; decrease over-utilization of emergency rooms, 911 calls, etc. Accept medical treatment, mental health treatment and/or treatment for substance abuse. Accomplish nutritional goals. • Prevent premature institutionalization or involuntary commitment. Stabilize acceptance of in-home care assistance and reduce the high turn-over rate of HCA providers. Establish representative payee, limited guardian, or informal financial support to provide financial management services. Insure personal safety.
Note	Narrative text
APS	**Maureen Linehan**
Business Description:	Adult Protective Services (APS) is a program that protects vulnerable adults by investigating concerns and providing legal or social protective services. APS investigates abuse concerns including the following: physical abuse, sexual mistreatment, mental mistreatment, neglect, self-neglect, exploitation, or abandonment. Reports of abuse may come from many sources such as the case manager, health provider, family, friends, or neighbors. Currently, ADS does not track referrals to APS, but may want to in the future. ADS does track reports that come from APS about ADS clients.
Outcome:	
Client	
Referral date	Date client was referred to APS
Report date	Date of APS report
Report date received	Date ADS received the APS report
Referent	Name of person who referred client to APS.
Referral type	Self-neglect, neglect, mental abuse, physical abuse, sexual abuse, exploitation, abandonment.
Findings	Substantiated, unsubstantiated.
Case manager	Primary worker assigned to client.
APS worker	
Note	Narrative text

PEARLS	Maureen Linehan (program will end in 2003 – need to automate?)
Business Description:	The PEARLS study examines the effect of an innovative, community-based treatment program versus standard care, which in many cases is little or no treatment intervention for older adults who are determined to have minor depression. The project is facilitated by the Northwest Prevention Effectiveness Center (NWPEC) at the University of Washington. NWPEC will collaborate with community based agencies that provide social support to the elderly. Potential participants will be screened for depression by a social worker. If the client would like to participate in the study, they will sign a consent form and a UW staff person will assess the client for minor depression. Once the client is determined eligible, they will be assigned to an "usual" care group or an "intervention" care group.
Outcome:	Reduce minor depression in older adults and to improve overall health and quality of life.
Client	
Screening date	
Close date	
Status	Eligible, ineligible, incomplete
Case manager	Primary worker assigned to client.
Note	Narrative text
Nursing Services	**Etsuko Suzuki & Gigi Meinig**
Business Description:	The program provides nurse consultation services to a team of social workers, clients, and providers. The following represent the goals of the program: ▪ Effective management of large caseloads by targeting clients who can best benefit from a RN's specific skill set. ▪ Early identification of client health problems. ▪ Prevention of transfer to a more costly setting. ▪ Education of caregivers in a timely manner to meet the needs of clients. ▪ Increased quality of care provided. ▪ Nursing services provided as needed and as appropriate not on a mandated basis. ▪ Provide targeted nursing services within current funding limits.
Outcome:	Enhance the COPES and MPCS program in home settings while fostering a client's maximum level of independence and quality of health care delivery.
Client	
Program	MPCS or COPES

Case manager	Primary worker assigned to client.
Nurse	
Nurse Activity	In-office conference, phone consult, field visit, file review (new or on-going) client
Time tracking on a quarterly basis	Nurse assessment, instruction to providers & clients, care & resource coordination, facilitate equipment needs, file review.
Visit date	
Note	
AAEP	**Margaret Boddie & Sandre Geyen**
Business Description:	The African American Elders Project is a collaboration of the Mayor's Council on African American Elders, Aging and Disability Services, Public Health: Seattle & King County, and Senior Services of Seattle/King County. The common goal by each of the partners is: To identify older African Americans, who do not normally come into contact with existing, traditional services; to inform and assist them in accessing comprehensive social and health services. Eligibility is determined by age, ethnicity, disability, isolation, income, and support system.
Outcome:	Improve access to social and health services for client participants through case management, support, and referral.
Client	
Referral source	
Referral date	
Start date	Date client is eligible for AAEP.
End date	Date client is closed from the AAEP program.
Service provision	Assessment, consultation, transportation, recreation, socialization, nutrition, etc..
Service unit	Day, hour, each
Service provider	Agency who provides the service
Service provider contact	
Service date	
Service outcome	
Case manager	Primary worker assigned to client.
Diagnosis	
Diagnosis status	Managed, unmanaged
Presenting problem	
Physician	In CA
Treatment	In CA
Medications	In CA
Allergies	In CA
Medical equipment	
Other programs	Other programs the client is in (COPES, MPCS)
Volunteer Name	

Volunteer Match date	Date the volunteer was matched with an AAEP client.
Privacy flag	Yes/no – used for clients that should be flagged for further review
Note	
Diabetes Registry	**Andrea**
Business Description:	The diabetes registry is a system used to document the process of care and management of participants with diabetes specifically those clients with “uncontrolled” diabetes. Currently, the registry data is compiled from CA and doctor information in an excel spreadsheet. In addition, this project hopes to target those clients most likely to learn how to control their diabetes and provide intervention.
Outcome:	Increase by 5% the number of ADS case management clients with diabetes whose disease is under control.
Client	
Registry Start date	Date client is active in the registry (when all forms returned).
End date	Date client is closed from the registry.
DOB	
Address	
Phone	
Gender	
Ethnicity	
Case manager	Primary worker assigned to client.
Nurse	
Language	
Interpreter	Yes or no
File review date	Date client file was reviewed for registry purposes
Client Consent sent	Date client consent form mailed to client
Client Consent return	Date client consent form returned by client
Client contact date	Date client was contacted about the consent form
Consented	Signed yes/no
PCP name	Name of Primary Care Physician
PCP phone	
PCP fax	
PCP sent date	Date consent/medical release forms mailed to PCP
PCP return date	Date consent/medical release returned by PCP
PCP contact date	Date PCP was contacted about status of forms
Insurance	Medical insurance carrier – optional field
Diagnosis year	Year client was diagnosed with diabetes
HGB-A1C date	Date of Glycosylated hemoglobin test; need to retain history
HGB-A1C value	Results of lab test; 2 digit value; need to retain history; calculate a range – normal (4-6), high (6-8), low; graphical depiction of the last 5 tests
Weight	

Height	
BMI	Calculation from height/weight
Diabetes treatment plan	Yes/no
Interventions	Areas: medication management, diet/nutrition, exercise.
Monitor glucose level	Question asked of client (Yes/no)
Smoking	Yes/no
Medications	Name, dosage, frequency
Client Specific	**Diane Richards**
Business Description:	Client Specific Program is a fund source that provides goods and services for eligible clients. The focus of the program is on individuals who do not receive state-funded services, but limited services may be provided on a short-term basis to eligible Medicaid clients on a case by case basis. Currently, we have an access database that tracks authorizations of service and produces billing reports. The goal is to incorporate the auth/billing piece into the CMC database for more accurate client level reporting.
Outcome:	Support the maximum level of independence for older adults who are functionally and/or cognitively impaired.
Client	
Vendor	
Case manager	Primary worker assigned to client.
Authorization	
Service	
Invoice	
Billing	
Note	
Mental Health	**Gigi Meinig**
Business Description:	The purpose of the mental health program is to provide assistance to case managers in their handling of difficult to service mental health clients. Services provided in this program include group and individual consultation, training, and psychiatric assessment by contracted mental health providers. To access the program, case managers request individual case consultation or evaluation on behalf of their clients.
Outcome:	Long-range goal of ADS is to provide an array of services available to clients so they may live independently and avoid premature or unnecessary institutionalization.
Client	
DOB	Funding source is dependent on age (under & over 60)
Referral date	
Service date	

Service hours	
Service type	Consultation, visit, assessment, travel, assessment follow up
Service agency	Seattle Mental Health, Gratt, Dr. Wills
Evaluation date	Date evaluation was sent to ADS from mental health agency
Case manager	Primary worker assigned to client.
Note	

6. Statement of Scope

Currently, there are several data systems and processes used to store information to meet funding and operational requirements for the programs providing case managed care. This leads to duplicate information collected and maintained. The Case Management Information System seeks to reduce the duplicate recording, entry, transmission, and storage of case management and home care client and services data. The goal of this system is to provide an information base that supports effective resource management and clinical care decisions.

In addition, the new system seeks to provide up-to-date and detailed information to case managers and their supervisors. The project seeks to provide managers, planners, and contract specialists access to summary and detail questions about clients, programs, and services.

Once implemented the system must provide an interface with multiple existing systems (see appendix A – Tangential systems).

7. Assumptions and Decisions Made During Analysis

Phased approach to external case management agencies using a web interface is probable.

8. Glossary of Terms & Definitions

Glossary Term	Definition
AAA	Area Agency on Aging. A private regional group designated by the state to address the needs and issues of older adults and disabled individuals including implementing a comprehensive and coordinated approach to community-based care.
AAFS	Aging and Adult Field Services. A state agency, part of DSHS, that administers community based care on the local level.
AASA	Aging and Adult Services Administration. A state agency, part of DSHS, that manages long term care systems for disabled adults and older persons. They are responsible for home care, residential care and nursing homes.

Glossary Term	Definition
ACRS	Asian Counseling and Referral Service. A private organization that promotes the social, emotional and economic well being of Asian/Pacific Islander individuals, families and communities by providing advocacy and community based multi-lingual and multicultural services.
ADA	Americans with Disabilities Act. A federal law that prohibits discrimination against individuals with disabilities in state and local governments, public accommodations, employment, transportation and telecommunications.
ADH	Adult Day Health. Centers that provide a range of services in a group setting for frail elders and adults with disabilities, which may include rehabilitative nursing, health monitoring, occupational and physical therapy, nutrition, respite care, social services and activity therapy.
ADS	Aging and Disabilities Services. A division of the City of Seattle Department of Housing and Human Services that provides services on behalf of elderly and adults with disabilities.
AFH	Adult Family Home. A residential home licensed to care for up to six residents. It provides room, board, laundry, necessary supervision, assistance with activities of daily living, personal care and social service. It may provide nursing services. The level of care, specific services and activities vary from one home to another.
APS	Adult Protective Services. A program of HCS, Aging and Adult Field Services at DSHS that investigates suspected abuse, neglect, exploitation or abandonment of vulnerable adults.
Assessment	A process that performs a systematic and standardized evaluation of a client's functional and cognitive capacity and limitations, and other needs, strengths, abilities and resources.
BHP	Basic health plan. A state subsidized health insurance program for low income people residents of Washington.
CA	Comprehensive Assessment. A written documentation of the assessment of a client which includes demographic information, housing description, health status, psychological, social and cognitive status, functional abilities and supports, income and resources, level of care needed and services currently receiving.
Caregiver Training	Required state training for all home care providers, such as AASA, DDD, AFH or DCFS, who are paid from state programs, such as COPES, MPC, CHORE or Respite.

Glossary Term	Definition
CHORE	A CORE program that provides in-home assistance to eligible clients who need assistance with qualifying tasks (personal care deficits) and with housekeeping tasks. Funded by State funds, not Medicaid funds.
CISC	Chinese Information and Service Center. A private, non-profit multi-social service agency targeted at serving ethnic Chinese.
Client service request	A request by a client for service that does not involve a case service provision.
CM	Case management.
COCO	A non profit organization providing information and assistance to low income seniors living in designated apartment buildings.
COPES	Community Options Program Entry System. A state administered, Medicaid funded support program that provides community-based services under congregate care, adult family house care, in-home personal care and care management to aged, blind and disabled adults who would otherwise require care in a nursing facility.
CORE	A set of public programs that provide in-home support to clients who require some assistance with personal care and housekeeping activities in order to remain independent in the community. They include MPC, CHORE and COPES. Eligibility and initial service authorization is determined by DSHS and ongoing care monitoring is provided by ADS, ECN, ACRS and CISC.
CSO	Community Service Office. Any local DSHS office in a particular neighborhood, such as Capitol Hill, Bell Town, Rainier. Community Service Officer. A section of the Seattle Police Department that can be asked to help in case of emergency, such as checking the safety of a client.
DCFS	Department of Children and Family Services. A state organization, part of DSHS, that provides case management and authorizes state funded CORE services for children.
DDD	Division of Developmental Disabilities. A state agency, part of DSHS, that determines eligibility and access for people with developmental disabilities to many types of programs, helps them develop individual program plans and monitors progress in vocational and residential programs, including programs designed to maintain them in the community.

Glossary Term	Definition
DSHS	Department of Social and Health Services. An umbrella state agency that oversees many services paid by Medicaid, such as AAFS, DDD.
ECN	Evergreen Care Network. A public organization which contracts with ADS to provide case managed care on behalf of elderly and adults with disabilities in East King County.
GRAT	Geriatric Regional Assessment Team. A crisis service which provides in-home psychiatric, medical, social and functional assessment for adults age 60 or older. The service provides consultation, care planning and referral to care providers, including guardianship evaluations.
Gray File	A case management case file which is not part of CORE program funding.
HACK	Housing Authority of King County. A public agency that manages subsidized housing in King County outside of the Seattle city limits.
HCS	Home and Community Services. A division of Aging and Adult Field Services at DSHS, a state program that administers facility- and community-based care.
HHCA	Catholic Community Services.
HHS	Department of Health and Human Services. An agency of the federal government that oversees more than 300 programs, including Medicare, Administration on Aging, Health Care Financing Administration, Centers for Disease Control, Food and Drug Administration and the National Institutes of Health.
Home care agency	A private agency that contracts with the State to provide caregivers to assist clients with personal care tasks and housekeeping.
Home health care agency	A licensed organization that is authorized to provide skilled care to a client in their home on a limited basis as authorized by a physician. Services offered include those of registered nurses, registered physical therapists, occupational therapists, speech pathologists and home health aides.
HUD	Housing and Urban Development. A U.S. government agency that provides funding for housing related services.
I & A	Information and Assistance. An agency function that provides access to services for adults by providing information about resources, and assistance to clients in securing services through assessment, referral, advocacy and follow up. Some organizations that perform I & A are CISC, ACRS, Sea Mar.

Glossary Term	Definition
ICL	Individual client list.
IM	Information Memorandum. A written communication from Aging and Adult Services Administration to providers, such as Home and Community Services and the Area Agency on Aging, with information on a variety of topics. An IM does not require service providers to take action.
Individual service request	A request by an individual for service that does not involve a client service provision.
IP	Individual provider. A caregiver who is contracted with the state to provide care to a client in the client's own home. The caregiver is considered to be employed by the client, but paid by the state to provide care.
LTC-HCS	Long Term Care – Home and Community Services. A DSHS agency that determines a client's initial financial eligibility for long term care programs.
MB	Management Bulletin. A directive from Aging and Adult Services Administration to providers, such as Home and Community Services and the Area Agency on Aging, which details changes, clarifies, or creates new policies regarding the processes of providing CORE services. MBs require service providers to take action or follow instructions or procedures on a variety of topics related to service implementation.
Mental health services	A group of different providers that provide services designed to diagnose and treat people with psychiatric illnesses. E.g., SMHI, CPC, MHPs, Gero-Psych, Evergreen In-Home Mental Health.
MPCS	Medicaid Personal Care Services. A Medicaid funded program designed to provide in-home care to a client who receives income less than or equal to the SSI eligibility requirement.
NCMP	National Case Management Partnership. A company that acts as a broker for services, requested by insurance companies, with various case management service across the country. A division of Connecticut Community Care, Inc., owned by Blue Shield. NCMP pays the ADS case management program for assessments and care coordination services ADS performs.
Neighborhood House	A non profit organization providing information and assistance to low income seniors living in SHA garden communities.
N.O.	Nurse Oversight. A service provided by a registered nurse to a client receiving care under MPC or COPES.

Glossary Term	Definition
NO	Never opened. Refers to a case where an interview was scheduled but an actual case was never opened.
NVRA	National Voter Registration Act. Also called the "motor voter" law. Requires states to provide voter registration through the driver licensing process, through the mail and through various state agencies. It also prohibits states from removing voters from registration lists for not voting. Washington state implemented the law by requiring that individuals be given the opportunity to vote or to change voter registration when applying for or receiving services or assistance.
Oversight Nurse	A registered nurse authorized to provide nurse monitoring for clients receiving care under the MPCS or COPES programs,
PCT	Personal Care Training. A function that trains a direct provider of services to provide personal care services to clients.
Pike Market Senior Center	A non profit organization providing information and assistance to low income people living in the Pike Market neighborhood.
PRN	Professional Registry of Nurses. A private corporation contracted by the City of Seattle for the provision of nurse oversight and personal care training services.
Public Group	A group of individual with a common set of goals, with the purpose of affecting decisions. For example, Advisory Council on Aging.
Respite	A kind of service that provides relief in the form of temporary substitutes for families or other caregivers of disabled adults.
Sea Mar	Sea Mar Community Health Centers. A nonprofit organization that provides health and human services, originally primarily serving Latinos and Hispanics and now also to anyone in the community needing services.
Section 8 Elderly Project	A HUD program, Hope for Elderly Independence Program, that assists clients to receive subsidized housing.
SHA	Seattle Housing Authority. A City of Seattle agency that owns and operates over 10,000 apartments for low income families, seniors and people with disabilities.
Sponsoring Organization	An organization that determines policy and funding allocations for case managed care activities. For example, King County Community Services Department, DHHS, United Way.

Glossary Term	Definition
SSPS	Social Service Payment System. A state automated system that generates monthly payments to IP's, service providers, and the AAAs who are authorized for payment by HCS and AAA case managers.
SSSKC	Senior Services of Seattle and King County. A nonprofit agency that provides a range of community based services for older persons, and operates Adult Day Health and senior centers.

Appendix A: Tangential Systems

System	Data Description	Direction of Data	Frequency
Comprehensive Assessment (CA)	Client Demographics	From CA to CMC	Real-time
Summary:	An Access 2.0 database with a VB front end residing on individual desktops and laptops around the state. Case managers upload the database information using a modem or WAN connection to AASA central CA database in Lacey, WA. The CA is used to collect client information to determine the need for services and referrals to other community resources. In addition, it is a tool used to reassess the needs of clients who have been screened and are eligible for case management services. The two main reports the system generates is the CA document and Service Plan. The state is planning an upgrade to the CA to the current VB and Access.		
Respite	Client Demographics, Budget	From Respite to CMC	Real-time
Summary:	An ADS SQL database with a VB front-end that tracks basic client demographics, service request, service authorizations, budget, and produces billing reports to agencies. There are plans to build a web front-end by the end of 2000.		
Homecare Billing (HCBR)	Homecare agency client billing – hours served	From HCBR to CMC	Real-time
Summary:	An ADS Access 97 database which contains authorization history for MPCS, COPES, and Chore agency clients. It is used to create invoices for the provider agencies to bill ADS for home care services to clients. The database is used by only a few users and is a stand-alone.		
Individual Provider db	IP demographic, training data	From IP to CMC	Real-time
Summary:	An ADS Acess 97 database which contains Individual Provider demographic, training, and contracting information. Access to the database is controlled at the network level and resides in the Application directory.		
Social Service Payment System (SSPS)	Service authorization, authorized and provider hours for IP and Agency served clients	Web reports available by office.	Monthly??

System	Data Description	Direction of Data	Frequency
Summary:	A database embedded in the Washington State automated system that generates monthly payments to independent providers, service providers, and the AAAs. Home and Community Services and AAA case managers authorize the payments. SSPS is located on a Unisys mainframe in Olympia, WA. The current MS-DOS Pascal front end is supposed to be rewritten using VB 5.0. Web reports are available through the COLD system.		
Client Specific	Service authorization	To CMC (incorporate into)	Real-time
Summary:	An ADS network Access database that tracks service authorizations, client co-pay amounts, costs of actual goods and services provided and fund balances available for client services. The sub-contracted cm agencies also use this database as a stand-alone.		
HCR	Referral information	From HCR to CMC	Real-time
Summary:	HCR database resides on HSD's SQL Server. Case managers and Homecare Agencies use their internet browser to access HCR referral information via the Public Access Network (PAN) web server. In addition to the master HCR SQL Server db, a local HCR database resides along with the local CA db on each case manager's PC. Pertinent demographic and assessment data is pulled from the CA and populates the referral screen and writes to the local HCR database. Case managers enter additional referral data locally on their PC and upload to the SQL Server using ODBC connections. External case managers can also upload to the HCR SQL database using dial-in-networking.		
HCATT	Agency worker time	From HCATT to CMC	Real-Time
Summary:	Homecare aides will use an Interactive Voice Response (IVR) system to log the initiation and conclusion of hours worked from a client's home, mileage, travel time, and tasks. The IVR system will interface with the HCATT (HCR) system, a SQL database that stores basic agency employee and client information, and data from IVR application. Agencies will input client and employee data, maintain authorized hours and access reports via a web-front end. Case managers will have real-time access to HCATT information through their HCR web home page.		
Senior Services	Client, program	From Sr. Svcs. to CMC	Daily update based on rules (common intake)

System	Data Description	Direction of Data	Frequency
Summary:	An access database on Senior Services network that contains client demographic data, case information, and case notes. Programs incorporated into the database include Senior I&A, African American Outreach, Minor Home Repair, African American Elders. External users are able to access and update client and case information via the internet.		
ECN Client db	Client, program	From ECN to CMC	Daily update based on rules.
Summary:	A client information Access database containing basic client demographic information, emergency contact, PCP, referral information, and daily case management activities on all ECN clients back to 1988.		
ACRS Client db	Client, program	From ACRS to CMC	Daily update based on rules.
Summary:			
Data Warehouse	Client, service, program	From DW to CMC	Real-time
Summary:	A SQL database that contains client demographic and service utilization data. Single user. Subcontractors submit data files for discretionary funded services for the following program: Adult Day Health, Congregate and Home Delivered Meal, Health Maintenance, and Case Management. ADS staff imports data into the Data Warehouse for purposes of generating NAPIS reports to state, unduplicated client counts across service areas, and other adhoc reports.		